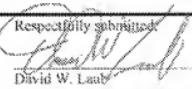


# TRANSMITTAL FORM

Application Serial Number	10/736,896
Filing Date	DECEMBER 17, 2003
First Named Inventor	BORIS MASLOV, ET AL.
Group Art Unit	2837
Examiner Name	COLON SANTANA, E.
Attorney Docket No.	76897-018CIP3
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul>
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary After Final</li> <li><input checked="" type="checkbox"/> Affidavit(s)/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]</li> </ul>	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Petition for Extension of Time (3 months)	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> Amendment After Allowance	

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263		 Respectfully submitted David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004	

**FEE TRANSMITTAL**  
**FY 2006**

<i>Complete if Known</i>	
Application Serial No.	10/736,896
Filing Date	DECEMBER 17, 2003
First Named Inventor	BORIS MASLOV, ET AL.
Group No.	2837
Examiner Name	COLON SANTANA, E.
Confirmation No.	4040

**METHOD OF PAYMENT**

<input checked="" type="checkbox"/> Payment Enclosed.	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
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The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840

Required Fees (copy of this sheet enclosed).

Additional fee required under 37 CFR 1.16 and 1.17.

Overpayment Credit.

Applicant claims small entity status.

**FEES CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

*Small Entity Discount*

**1. TOTAL**

2. EXCESS CLAIM FEES	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100
Total Claims	Extra Claims	Fee Paid (\$)
		0
- 20 -	x 5	-
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims 10	Extra Claims \$ 100.00	Fee Paid (\$) \$500.00
- 7 -	3	-
HP = highest number of total claims paid for, if greater than 3		

Multiple Dependent Claims	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
	300	180	

**2. TOTAL: \$300.00**

**3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 411(a)(1)(G) and 37 CFR 1.16(f).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100+	0	/50+	round up to a whole number	x = 0.00

**3. TOTAL: \$0.00**

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

PATENT ADMINISTRATOR  
Proskauer Rose LLP  
1001 Pennsylvania Avenue, N.W., Suite 400  
Washington, D.C. 20004  
Tel. No.: (202) 416-6800  
Fax No.: (202) 416-6899  
CUSTOMER NO. 61263

**FEES CALCULATION (continued)**

<b>4. ADDITIONAL FEES</b>			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee (\$)	Fee (\$)		
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 <sup>st</sup> mo	
450	225	Extension for reply within 2 <sup>nd</sup> mo	
1,020	510	Extension for reply within 3 <sup>rd</sup> mo	\$10.00
1,590	795	Extension for reply within 4 <sup>th</sup> mo	
2,160	1,080	Extension for reply within 5 <sup>th</sup> mo	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(u))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)	Request for Continued Examination	395.00	
Other fee (Specify)	4. TOTAL:	\$905.00	

**TOTAL AMOUNT SUBMITTED**

(\$1,205.00)

**SIGNATURE BLOCK**

Respectfully submitted,  


David W. Laub  
Attorney for the Applicant(s)  
Proskauer Rose LLP  
1001 Pennsylvania Ave., N.W., #400  
Washington, D.C. 20004